

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWAREPlaintiff  
Mr. Lareau Harris  
V.APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVITDefendant(s)  
Dr. Rodgers, ~~Deputy Warden~~  
Betty Burris (Deputy Warden)  
I, Lareau Harris

CASE NUMBER:

05 661

I declare that I am the (check appropriate box)  
 Petitioner/Plaintiff/Movant  Other in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

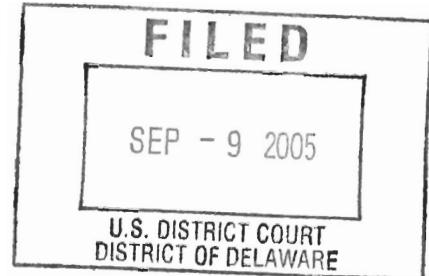
In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Are you employed at the institution?  Yes  No

Do you receive any payment from the institution?  Yes  No



Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past SIX months' transactions. Ledger sheets are not required for cases filed pursuant to 28:USC §2254.

2. Are you currently employed?  Yes  No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received *AND* what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts?  Yes  No

If "Yes" state the total amount \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?  Yes  No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

Date: September 5, 2005

Signature of Applicant

W. Loren C. Harris

**CERTIFICATE**  
(Incarcerated applicants only)  
*(To be completed by the institution of incarceration)*

I certify that the applicant named herein has the sum of \$ 600 on account his/her credit at (name of institution) Delaware Correctional Center.

I further certify that the applicant has the following securities to his/her credit: 6

I further certify that during the past six months the applicant's average monthly balance was \$ 28.69 and the average monthly deposits were \$ \_\_\_\_\_

September 5, 2005

Date

\_\_\_\_\_  
Signature of Authorized Officer

*(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)*

DELAWARE CORRECTIONAL CENTER  
INMATE REQUEST FOR CERTIFIED TRUST FUND  
ACCOUNT STATEMENT OF PRIOR SIX MONTH PERIOD

TO: Mr. Joseph Hudson, Manager  
Delaware Correctional Center  
Smyrna, Delaware 19977

Date: Sept. 5, 2005

FROM: Mr. Laren Harris  
Inmate Name (Please Print Name)

SBI# 1752-82

- I HEREBY CERTIFY -

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a) (2), effective April 26, 1996, I am requesting a certified Statement of my Institution Trust Fund Account for the previous six month period. Please forward same to me.

Mr. Laren Harris  
Signature  
(28 U.S.C. 1746 and 18 U.S.C. 1621)